COVID-19 Staff Exposure & Return To Work Procedure

Scope:

<table>
<thead>
<tr>
<th>Bellin Health System (BHS)</th>
<th>x</th>
<th>Bellin Health Oconto Hospital (BHOH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellin Memorial Hospital (BMH)</td>
<td></td>
<td>Department Specific</td>
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<tr>
<td>Bellin Psychiatric Center (BPC)</td>
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</tbody>
</table>

Contact Employee Health Services (EHS) with Questions about this Procedure:

- Monday-Friday 7:00am-3:30pm employeehealthservices@bellin.org or 920-433-3587
- After Hours:
  - Monday-Friday 3:30pm-8:00pm 920-445-7313 (Telehealth will route as needed)
  - Saturday-Sunday 8:00am-8:00pm 920-445-7313 (Telehealth will route as needed)

Purpose: To prevent and reduce the spread of COVID-19 within Bellin Health System facilities using CDC guidance to assess risk in determining work restrictions and return to work criteria after an exposure.

Applies to: Employees of Bellin Health System, Contracted Workers, Volunteers

Definitions:

Healthcare Worker (HCW): For the purposes of this document HCW refers to all paid and unpaid, employed or contracted persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. This includes both patient-facing and non-patient facing workers.

Workplace Exposure: A workplace exposure occurs when a HCW has contact with an individual with confirmed or suspected COVID-19 (patient, visitor, or other HCW) at a Bellin-facility or in some instances, on Bellin-paid time. However, a significant exposure which may require work restrictions for the exposed HCW, occurs when the HCW had prolonged (>15 minutes) close contact (<6 feet) with a confirmed COVID-19 individual and when:

1. The HCW was not wearing all recommended PPE appropriate for the activity/interaction; or
2. The HCW was not wearing eye protection and the COVID-19 individual was not wear a face covering.

Additionally, ANY DURATION should be considered prolonged if the exposure occurs during the performance of an aerosol-generating procedure.
When Community Spread of COVID-19 is confirmed, it may not be practical or achievable for healthcare facilities to continue contact tracing and risk assessment of potentially exposed Healthcare Workers (HCW).

Community Exposure: A community exposure occurs when a HCW has contact with an individual with confirmed or suspected COVID-19. Significant community exposure which may require work restrictions for the exposed HCW occurs when

1. The HCW had prolonged (>15 minutes) close contact (<6 feet) with a confirmed COVID-19 individual, where one or both individuals were not masked (see table); or
2. The HCW has a confirmed COVID-19 household member.

Brief Interactions: Examples of brief interactions include: briefly entering the patient room without having direct contact with the patient or their secretions/excretions, brief conversation at a triage desk with a patient who was not wearing a facemask. These interactions would be considered low risk exposures and would not require quarantine.

Suspected COVID-19 Infection: As designated by a medical provider, typically an individual with (2) of the following symptoms: temperature > 38°C (100.0°F) with cough, shortness of breath, sore throat; or if available (not required) positive confirmatory testing for COVID-19.

Procedure:

Workplace or Community Exposure:
1. Workplace Exposure:
   a. Upon notification of possible workplace exposure, Department Team Leader or designee will trace team members in contact with the Source Patient or Source HCW in the 48 hours prior to patient testing positive. Leader will identify:
      i. PPE Source Patient/Source HCW was wearing (ie: face covering for source control)
      ii. PPE Team Member(s) were wearing around Source Patient/Source HCW (ie: face covering and eye protection, PAPR, N95, etc)
      iii. Type of care(s) being performed or type of interaction with Source Patient/Source HCW
      iv. Duration and proximity of contact with Source Patient/Source HCW
2. Community Exposure:
   a. EHS interviews HCW with known Community Exposure to determine extent of exposure, to include:
      i. Face covering of Source Patient
      ii. Face covering and eye protection of HCW
      iii. Duration and proximity of contact with Source Patient
3. EHS makes the determination of exposure and notifies team member(s) and Leader with further instruction, in accordance with the table and algorithm below when.
4. Critical Staffing:
   a. An exception may be made, in accordance with CDC Guidelines, when it is not possible to quarantine a HCW due to staffing shortages.
b. When this is identified, EHS will coordinate a huddle with EHS Medical Director, Infection Prevention, Department Leadership, and Human Resources and Admin On Call if severity requires.

<table>
<thead>
<tr>
<th>Source Patient</th>
<th>HCW</th>
<th>Work Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Mask</td>
<td>No Mask, No Eye Protection</td>
<td>14 Day Quarantine from Date of Last Contact</td>
</tr>
<tr>
<td>No Mask</td>
<td>Mask, No Eye Protection</td>
<td>14 Day Quarantine from Date of Last Contact</td>
</tr>
<tr>
<td>No Mask</td>
<td>Mask, Eye Protection (personal eyewear does not count)</td>
<td>Low Rise Exposure, Okay to Work</td>
</tr>
<tr>
<td>Mask</td>
<td>No Mask, No Eye Protection</td>
<td>Low Risk Exposure, Okay to Work</td>
</tr>
<tr>
<td>Mask</td>
<td>Mask, No Eye Protection</td>
<td>Low Risk Exposure, Okay to Work</td>
</tr>
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</table>

*Table has been simplified from Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html*
**COVID-19 Return To Work (RTW) Algorithm for Bellin Healthcare Workers (HCW) with New Symptoms, or Work-Related Contact/Exposure**

1. **Newly Symptomatic, or Potential Exposure, or Close Contact with Suspect or Confirmed COVID-19 in the Workplace**

   - **HCW is Asymptomatic**
     - **NO**
       - **HCW Wearing Facemask & Eye Protection**
       - **HCW Quarantined 14 Days from Last Exposure**
       - **If HCW is Tested Asymptomatically:**
         - **Negative COVID-19 & Asymptomatic:**
           - **RETURN TO WORK**
             - Wearing Facemask & Symptom Monitor x14 Days
         - **Positive COVID-19 & Asymptomatic:**
           - **RETURN TO WORK**
             - 10 Days after Date of Test

   - **YES**
     - **HCW may Return to Work Wearing Facemask & Symptom Monitor x14 Days**

2. **HCW is Symptomatic**

   - **HCW Stays Home or is Sent Home**
     - **Notifies Employee Health**
     - **HCW Contacts PCP for Evaluation**
     - **PCP determines symptoms are attributable to chronic ailment (ie: allergies) or non-COVID related (ie: strep throat):**
       - **HCW Off Work**
     - **PCP suspects COVID-19; orders testing:**
       - **HCW Off Work**
       - **With Return to Work Slip from PCP**

   - **HCW develops Fever or COVID-19 Symptoms**
     - **HCW Contacts PCP for Evaluation**
     - **PCP determines symptoms are attributable to chronic ailment (ie: allergies) or non-COVID related (ie: strep throat):**
       - **HCW Off Work**
     - **PCP suspects COVID-19; orders testing:**
       - **HCW Off Work**
       - **With Return to Work Slip from PCP**

3. **HCW Contacts PCP**

   - **HCW develops Fever or COVID-19 Symptoms**
     - **HCW Contacts PCP for Evaluation**
     - **PCP determines symptoms are attributable to chronic ailment (ie: allergies) or non-COVID related (ie: strep throat):**
       - **HCW Off Work**
     - **PCP suspects COVID-19; orders testing:**
       - **HCW Off Work**
       - **With Return to Work Slip from PCP**

4. **HCW Off Work**

   - **HCW Off Work**
     - **Optional:**
       - **HCW can RETURN TO WORK with Return to Work Slip from PCP**

**Note:** Immuno-compromised Persons may be removed for 20 Days after date of test. See policy statement.

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08/13/2020

See Julius for most current version. Printed copies may be out of date.

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COVID-19 Return To Work Algorithm for Bellin Healthcare Workers (HCW) with Household Member Being Tested

HCW's Household Member Being Tested for COVID-19

Household Member is ASYMPTOMATIC

- Household Member Positive COVID-19
  - HCW Notifies Employee Health
  - REMOVE FROM WORK
    - 14 Days following Household Member Recovery Date, defined as:
      - 10 Days from Test Date (Total 24 Days)
    - ** If HCW is previously recovered COVID themselves, they can return to work with a Household Positive COVID/Symptomatic

- Household Member Negative COVID-19
  - HCW Returns to Work

Household Member is SYMPTOMATIC

- Household Member Positive COVID-19
  - HCW Notifies Employee Health
  - REMOVE FROM WORK
    - 14 Days following Household Member Recovery Date, defined as:
      - 10 Days from symptom onset, AND 24 Hours with Respiratory Symptom Improvement/Fever Free
    - ** If HCW is previously recovered COVID themselves, they can return to work with a Household Positive COVID/Symptomatic

- Household Member Negative COVID-19
  - HCW is OFF WORK until Test Results back
  - HCW Returns to Work

- HCW Notify Employee Health & Leader

Household Member is ASYMPTOMATIC

- HCW may work wearing Facemask & Symptom Monitor x 14 Days

Household Member is SYMPTOMATIC

- HCW Notify Employee Health & Leader

- HCW is OFF WORK until Test Results back

- HCW Returns to Work
Return to Work Criteria for HCW with Confirmed or Suspected COVID-19

a. Symptom based strategy (non-test based):
   i. Exclude from work at least 10 days have passed since symptoms first appeared, and
   ii. At least 24 hours have passed since last fever, without the use of fever-reducing medications and resolution in symptoms; and
   iii. Symptoms have improved.
   iv. NOTE: HCW who have severe to critical illness or who are severely immunocompromised will be excluded from work for
      1. 20 days since symptom onset, and
      2. At least 24 hours have passed since last fever, without the use of fever-reducing medications and resolution in symptoms; and
      3. Symptoms have improved.
      4. Immunocompromised determination is made by HCW’s Primary Care Provider.

b. Test-based strategy:
   i. Is not recommended to determine when to allow HCW to return to work, except in rare instances, such as: HCW is severely immunocompromised and if concerns exist for the HCW to remain infectious for more than 20 days.
   ii. Use of the test-based strategy should be approved by EHS Medical Director in consultation with Infection Prevention Medical Director.
   iii. The criteria for the test-based strategy are:
      1. Symptomatic HCW:
         a. Resolution of fever without the use of fever-reducing medications and
         b. Improvement in symptoms, and
         c. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two (2) consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).
      2. Asymptomatic HCW:
         a. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two (2) consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).

c. If HCW tested positive for COVID-19 and have not had any symptoms, they will be excluded from work until 10 days have passed since the date of their first positive COVID-19 test, assuming they have not subsequently developed symptoms since their positive test.
   i. NOTE: HCW who are severely immunocompromised but who were asymptomatic throughout their infection will be excluded from work for 20 days since the date of their first positive COVID-19 test. Immunocompromised determination is made by HCW’s Primary Care Provider.
   d. If HCW were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

5. Return to Work Practices and Work Restrictions
   a. After returning to work, HCW should:
i. Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
   1. When staffing is critical, and all alternate staffing options have been exhausted, HCW may be permitted to return to work upon approval of Employee Health and Leader
ii. Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC’s interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
iii. Employee Health will determine need for active or passive monitoring on case-by-case basis.
   2. *Active Monitoring*: Employee Health will evaluate employee daily for sign and symptoms.
   3. *Passive Monitoring*: Employee will “self-monitor” for symptoms, and seek re-evaluation from Employee Health Services if respiratory symptoms develop or worsen.

References:

CDC Interim Guidance Links:


Wisconsin Department of Health Services, March 20, 2020: COVID-19 Health Alert # 2: Recommendations for Active Symptom Monitoring for Employees in Health Care Settings where Community Transmission of COVID-19 is Occurring:
https://content.govdelivery.com/accounts/WIDHS/bulletins/2824782

Bellin Health

Supersedes New Procedure

Approvers:

Revised: Emily Bochniak, 03/28/2020, 03/30/2020, 04/08/2020, 04/22/2020, 04/30/2020, 05/01/20, 05/14/2020, 05/22/2020, 07/09/2020, 07/23/2020, 08/04/2020, 08/07/20, 08/12/20

Employee Health Medical Director: Dr. Robert Meyer,
03/18/2020, 05/14/2020, 07/09/2020, 08/12/2020

Infection Prevention: Dr. Michael Landrum,
03/18/2020, 05/13/2020, 08/07/20

COVID-19 Incident Command: 03/19/2020

COVID-19 Medical Branch:
03/30/2020, 04/13/2020, 04/24/2020, 05/22/2020, 07/23/2020, 08/13/2020